

www.mass.gov/abcc

LICENSE NUMBER: 0	13600001		CITY OR TOWN	BRIDGEWATER
APPLICATION FOR R	RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME: I	BRIDGEWATER I	RESTAURANTS, I	NC	
DOING BUSINESS A	BARRETT'S ALE	EHOUSE		
ADDRESS 425 BEDFO	ORD ST.			
CITY/TOWN: BRIDO	GEWATER	STATE: MA	ZIP CODE:	02324
MANAGER: BARRE A	ETT, RUTH TYP	PE OF LICENSE: R	estaurant C	CATEGORY: All Alcoho
EMAIL ADDRESS:				
PLF	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMIS	SES:		
FRONT FOYER, MAII BAR, KITCHEN, WAI IN FRONT FOYER, 2	LK IN COOLER, I	LIQUOR ROOM A		
I hereby certify and swe	ear under penalties	of perjury that:		
1. the renewed	license will be of t	the same type for th	e same premises nov	v licensed;
	•		monwealth relating	to taxes; and
3. the premises	are now open for	business (If not exp	lain below)	
SIGNED BY	Individual Partner	or Authorized Corp	orate Officer	
	individual, i artifer	or rumorized corp	orate Officer	
DATE:	TELEPHONI	E MIMBED.	EMPLOYE	R IDENTIFICATION NUMBER
	TELETHON	E NOMBEK.	(Note: NOT In	dividual Social Security Number
Acts of 2004, signed b	y the building ins	pector and the hea	nd of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)	)			
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 013600003		CI	TY OR TO	WN	BRIDGEW	ATER
APPLICATION FO	R RENEWAL:	Annua	તી	LIC	CENS	SED FOR 20	)13
		CLAS	S				YEAR
LICENSEE NAME:	THIRTY NINE BRO	OAD STREE	Γ PUB IN	IC			
DOING BUSINESS	A 39 BROAD STRE	ET PUB FEA	TURING	THE BLAC	CK IR	RISH GRIL	
ADDRESS 39 BRO	AD ST.						
CITY/TOWN: BR	IDGEWATER	STATE:	MA	ZIP CODE	Ξ:	02324	
	RESTA, TYPE CHAEL A.	E OF LICENS	E:Restau	rant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAIL	ADDRESS			_
DESCRIPTION OF	LICENSED PREMIS	ES:					
	INING ROOM WITH ONT WITH REAR DO				RES	STROOMS,	
I hereby certify and	swear under penalties	of perjury that	:				
	ved license will be of the			_			
	see has complied with				ing to	taxes; and	
3. the premi	ises are now open for b	ousiness (If no	t explain	below)			
SIGNED BY	Individual, Partner	or Authorized	Corporat	e Officer			
DATE:	TELEPHONE	NIIMBED.		EMPLO	OYER	IDENTIFICAT	TON NUMBER:
	TEEETHONE	NOWIDER.					ecurity Number)
Acts of 2004, signe	ed, attest that we are industrial by the building inspace (2) the certificate of l	pector and th	e head of	the fire dep	partn	nent for the	above
Please Check Below:			J	LOCAL LIC	ENS	ING AUTHO	ORITY
APPROVED:			J	Ву:			
DISAPPROVED:							
(If disapproved expl	ain)		•				
DATE:							



www.mass.gov/abcc

LICENSE NUMBER: 013600005	C	ITY OR TOWN	BRIDGEWATER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CRISPI'S INC  DOING BUSINESS A CRISPI'S ITALIAN	I CUSINE		
ADDRESS 136 BROAD ST.			
CITY/TOWN: BRIDGEWATER	STATE: MA	ZIP CODE:	02324
MANAGER: FALCONEIRI, TYPE CRISPI S.	OF LICENSE: Restar	urant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS		L ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
THREE ROOMS ON STREET FLOOR;CE FRONT; TWO SIDE DOORS; AND ONE I FOR STORAGE			
I hereby certify and swear under penalties of	f perjury that:		
1. the renewed license will be of the		=	
2. the licensee has complied with al	l laws of the Common	nwealth relating to	taxes; and
3. the premises are now open for bu	isiness (If not explain	below)	
SIGNED BY		· 	
		· 	
SIGNED BY		· 	
SIGNED BY Individual, Partner or	r Authorized Corpora	te Officer	
SIGNED BY	r Authorized Corpora	te Officer  EMPLOYER	IDENTIFICATION NUMBER:
SIGNED BY Individual, Partner or	r Authorized Corpora	te Officer  EMPLOYER	IDENTIFICATION NUMBER: vidual Social Security Number)
SIGNED BY Individual, Partner or	NUMBER:  a possession (1) the cector and the head of	te Officer  EMPLOYER (Note: NOT Indi	vidual Social Security Number)  d by Chapter 304 of the nent for the above
SIGNED BY  Individual, Partner or  DATE:  TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license (2010).  Please Check Below:	NUMBER:  a possession (1) the cector and the head of	EMPLOYER (Note: NOT Indi ertificate require f the fire departn nce required by (	vidual Social Security Number)  d by Chapter 304 of the nent for the above
SIGNED BY  Individual, Partner or  DATE:  TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license (2010).  Please Check Below: APPROVED:	NUMBER:  a possession (1) the cector and the head of quor liability insuran	EMPLOYER (Note: NOT Indi ertificate require f the fire departn nce required by (	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
SIGNED BY  Individual, Partner or  DATE:  TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license (2010).  Please Check Below:  APPROVED:  DISAPPROVED:	NUMBER:  a possession (1) the cector and the head of quor liability insuran	EMPLOYER (Note: NOT Indi ertificate require f the fire departm	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
SIGNED BY  Individual, Partner or  DATE:  TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license (2010).  Please Check Below: APPROVED:	NUMBER:  a possession (1) the cector and the head of quor liability insuran	EMPLOYER (Note: NOT Indi ertificate require f the fire departm	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
SIGNED BY  Individual, Partner or  DATE:  TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license (2010).  Please Check Below:  APPROVED:  DISAPPROVED:	NUMBER:  a possession (1) the cector and the head of quor liability insuran	EMPLOYER (Note: NOT Indi ertificate require f the fire departm	d by Chapter 304 of the nent for the above Chapter 116 of the Acts



www.mass.gov/abcc

LICENSE NUMBER: 013600006	CITY OR TOWN BRIDGEWATER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: PORTUGUESE HOLY GHOST SOCI DOING BUSINESS A OF BRIDGEWATER INC.	IETY
ADDRESS 352 BROAD ST.	
CITY/TOWN: BRIDGEWATER STATE: MA	ZIP CODE: 02324
MANAGER: DeCHAVES, JOSE TYPE OF LICENSE: CI	lub CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES: ONE LEVEL STEEL BUILDING,2 ROOMS CONSISTING BATHROOMS AND BOILER ROOM	OF KITCHEN,HALL, TWO
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for th	e same premises now licensed;
<ul><li>2. the licensee has complied with all laws of the Com</li><li>3. the premises are now open for business (If not exp</li></ul>	· ·
SIGNED BY Individual, Partner or Authorized Corp	porate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead of 2010.	ad of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



www.mass.gov/abcc

LICENSE NUMBE	CR: 013600010		CITY OR TOW	N BRIDGEW	VATER
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS COTTA		VETS. INC., THE	i.		
		STATE. M	A ZID CODE.	02224	
CITY/TOWN: BR		STATE: M		02324	
MANAGER: REI EMAIL ADDRESS	ES, ROBERT W. TYP	PE OF LICENSE:	Club	CATEGORY:	All Alcohol
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	SES:			
TWO FLOORS,13	ROOMS ON FIRST F	FLOOR,2 ROOMS	S ON SECOND FLO	OOR	
I hereby certify and	swear under penalties	of perjury that:			
	wed license will be of		=		
	see has complied with			g to taxes; and	
3. the prem	nises are now open for	business (If not ex	kplain below)		
SIGNED BY	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed, attest that we are ed by the building ins I (2) the certificate of	spector and the h	ead of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	loin)				
(II disappioved exp	14111)				
DATE:					
APPLICATION FOR RENI	EWAL MUST BE FILED BY L	ICENSEES DURING TH	E MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

LICENSE NUMBER: (	)13600011		CITY OR TOWN	BRIDGEW	ATER
APPLICATION FOR F	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: T					
ADDRESS CRAPO &	BROAD ST				
CITY/TOWN: BRIDO	GEWATER	STATE: MA	ZIP CODE:	02324	
MANAGER: DIXON E III	I, GEORGE TYPE C	F LICENSE: Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES:				
DECK WITH CONTIN CONTAINING TABLI THAT IS NINE FT WI EMERGENCY EXITS AREA WILL BE AN A I hereby certify and swe	ES AND SEATING.O IDE AND FIFTY-TWO WITH PANIC HARD ADDITIONAL 20 X 52	UTDOOR AREAD LONG.THE FOWARE AND ENCED ARE	A INCLUDES A FE ENCED-IN AREA MERGENCY LIGH	NCED-IN AI SHALL HAV	REA VE TWO
• •		•		. 1:	
	license will be of the	* -	•		
	has complied with all last are now open for busing		_	o taxes; and	
	, are now open for bush	mess (ii not expi	ani below)		
SIGNED BY	Individual, Partner or A	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:			TION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building inspec	tor and the head	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	]				
(If disapproved explain	)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 013600012	CITY OR TOWN BRIDGEWATER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: BRIDGEWATER CITIZENS CLUB DOING BUSINESS A	INC
ADDRESS 60 HALE ST	
CITY/TOWN: BRIDGEWATER STATE: MA	ZIP CODE: 02324
MANAGER: BROOKS, JANET TYPE OF LICENSE: C	Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE FLOOR WITH CELLAR; FIRST FLOOR CONTAINS FOR STORAGE; KITCHEN AND DINING HALL FOR AN IN BACKYARD	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	he same premises now licensed;
2. the licensee has complied with all laws of the Cor	mmonwealth relating to taxes; and
3. the premises are now open for business (If not ex	plain below)
SIGNED BY	
SIGNED BY Individual, Partner or Authorized Cor	porate Officer
	porate Officer
	porate Officer
	porate Officer  EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner or Authorized Cor	
Individual, Partner or Authorized Cor	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts
Individual, Partner or Authorized Cordinates Telephone Number:  Telephone Number:  We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in of 2010.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability into of 2010.  Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Cordinates  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in of 2010.  Please Check Below:  APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Cord DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the hen named license and (2) the certificate of liquor liability into of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Cord DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the hen named license and (2) the certificate of liquor liability into of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



## The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 013600014		CITY OR TOWN	BRIDGEWATER
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 150	ESS A	HLETIC ASSOCIAT	ION, INC.	
	BRIDGEWATER	STATE: N	1A ZIP CODE:	02324
MANAGER:		TYPE OF LICENSE		ATEGORY: All Alcohol
		TIPE OF LICENSE	.Club C.	ATEGORI. All Alcohol
EMAIL ADDRI		UR WEBSITE AND ENTER YO	IID EMAIL ADDDESS	
DESCRIPTION	OF LICENSED PRE		UK EMAIL ADDRESS	
	HALL, BAR, THREE		TOREROOM. FENCED	O-IN BACK YARD
<ol> <li>the re</li> <li>the li</li> </ol>	icensee has complied	e of the same type for	the same premises now commonwealth relating t explain below)	
SIGNED BY	Individual, Par	rtner or Authorized Co	orporate Officer	
DATE:	TELEPH	HONE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, s	igned by the buildin	g inspector and the l	head of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



www.mass.gov/abcc

LICENSE NUM	IBER: 013600015		CITY OR TOWN	BRIDGEWATER	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAI	ME: FORTY-NINER'S CI	LUB INC			
DOING BUSIN	ESS A				
ADDRESS 161	HIGH ST				
CITY/TOWN:	BRIDGEWATER	STATE: MA	ZIP CODE:	02324	
	DELFINO, TYPE MICHAEL P.	OF LICENSE: Cl	ub Ca	ATEGORY: All Alcoho	ol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
	OF LICENSED PREMISE				
the state of the s	CELLAR. FIRST FLOOR I COOLER AND SMALL S			R; SECOND FLOOR	
I hereby certify a	and swear under penalties of	f perjury that:			
1. the re	enewed license will be of the	e same type for the	same premises now	licensed;	
	censee has complied with al		=	taxes; and	
3. the pr	remises are now open for bu	isiness (If not expl	ain below)		
SIGNED BY	Individual, Partner or	r Authorized Corn	oroto Officer		
	marviduai, Partner of	: Authorized Corp	orate Officer		
DATE:			EMBLOVEE		D.
DITTE.	TELEPHONE	NUMBER:		CIDENTIFICATION NUMBER  Iividual Social Security Numbe	
				·	
Acts of 2004, si	igned, attest that we are in igned by the building inspead (2) the certificate of lie	ector and the hea	d of the fire departi	nent for the above	
Please Check Below	<u>v:</u>		LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVEI			•		
(If disapproved of	explain)				
DATE:					



www.mass.gov/abcc

LICENSE NUM	ABER: 013600017		CITY OR TOWN	BRIDGEW	ATER
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: EMANUEL O	). TILIAKOS			
DOING BUSIN	IESS A NICK & AN	IGELO'S PIZZA PLACE			
ADDRESS 210	5 PLYMOUTH ST.				
CITY/TOWN:	BRIDGEWATER	STATE: MA	ZIP CODE:	02324	
	TILIAKOS, EMANUEL O.	TYPE OF LICENSE: Re	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		1
DESCRIPTION	OF LICENSED PRI	EMISES:			
	; DINING ROOM(3 : OR OFFICE AND ST	DOORS) KITCHEN (1 I ΓORAGE	DOOR) TWO BATH	ROOMS; UP	STAIRS-
I hereby certify	and swear under pena	alties of perjury that:			
1. the re	enewed license will b	be of the same type for the	e same premises now	licensed;	
2. the li	icensee has complied	with all laws of the Com	monwealth relating to	taxes; and	
3. the p	premises are now open	n for business (If not exp	lain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividuai Sociai Se	ecurity Number)
<b>Acts of 2004, s</b>	igned by the buildin	e are in possession (1) the ng inspector and the hea nte of liquor liability inst	d of the fire departr	nent for the	above
Please Check Below	<i>W</i> :		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:			-		



www.mass.gov/abcc

LICENSE NUMBER: 013600018	CITY OR TOWN BRIDGEWATER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: POLISH SOCIETY OF FRATERNAL DOING BUSINESS A AID OF OUR LADY OF OSTRABR	
ADDRESS REAR 127 SPRING ST	
CITY/TOWN: BRIDGEWATER STATE: MA	ZIP CODE: 02324
MANAGER: REVIL, ROBERT TYPE OF LICENSE: C. M.	lub CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR, ROOM USED FOR STORAGE, DANCE HAREST ROOMS. ADDITIONS TO FRONT OF BLDG FOYER OF BLDG WITH TWO EXITS FOR STORAGE AND KITCH	ER WITH EXITS ADDITIONS TO REAR
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	e same premises now licensed;
2. the licensee has complied with all laws of the Con	nmonwealth relating to taxes; and
3. the premises are now open for business (If not exp	plain below)
SIGNED BY Individual, Partner or Authorized Corp	porate Officer
DATE: TELEDHONE NUMBER.	EMPLOYER IDENTIFICATION NUMBER:
TELEPHONE NUMBER:	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead of 2010.	ad of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	<del></del>
DATE:	



www.mass.gov/abcc

LICENSE NUMBER: 013600020	C	ITY OR TOWN	BRIDGEWATER	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: MAUREEN HESS DOING BUSINESS A OUR PLACE				
ADDRESS 14 SUMMER ST.				
CITY/TOWN: BRIDGEWATER	STATE: MA	ZIP CODE:	02324	
MANAGER: HESS, MAUREEN TYPE	OF LICENSE: Restar	urant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICENSED PREMISES	S:			
OUTSIDE ADDITIONS CONSIST OF 10'Y W/ CLEAR PLASTIC SCREENING, ENCI 12'X 22' WOODEN PORCH WITH CONCI 4' WOOD RAILING & FULL AWNING.	LOSED BY 4' RAIL-	ING AND FULL	AWNING AND A	
I hereby certify and swear under penalties of	f perjury that:			
1. the renewed license will be of the	e same type for the sa	me premises now	licensed;	
2. the licensee has complied with al		_	taxes; and	
3. the premises are now open for bu	isiness (If not explain	below)		
SIGNED BY Individual, Partner or	· Authorized Corpora	te Officer		7
Individual, Partner or	Authorized Corpora	te Officer		
		EMPLOYER	IDENTIFICATION NUMBER:	
Individual, Partner or		EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)	
Individual, Partner or	NUMBER:  a possession (1) the cector and the head o	EMPLOYER (Note: <u>NOT</u> Indestificate requires	ed by Chapter 304 of the nent for the above	
DATE: TELEPHONE I  We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent and (2) the certificate of lice.	NUMBER: a possession (1) the c ector and the head o quor liability insura	EMPLOYER (Note: NOT Indestrict Indestrict required from the fire department of the fire department of the required by the second	ed by Chapter 304 of the nent for the above	
Individual, Partner or DATE:  TELEPHONE I  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below:  APPROVED:	NUMBER:  n possession (1) the cector and the head o	EMPLOYER (Note: NOT Indestrict Indestrict required from the fire department of the fire department of the required by the second	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts	
DATE:  TELEPHONE I  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of lico of 2010.  Please Check Below: APPROVED: DISAPPROVED:	NUMBER:  n possession (1) the cector and the head o	EMPLOYER (Note: NOT Indestrict requires for the fire department of t	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts	
Individual, Partner or DATE:  TELEPHONE I  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below:  APPROVED:	NUMBER:  n possession (1) the cector and the head o	EMPLOYER (Note: NOT Indestrict requires for the fire department of t	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts	
DATE:  TELEPHONE I  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of lico of 2010.  Please Check Below: APPROVED: DISAPPROVED:	NUMBER:  n possession (1) the cector and the head o	EMPLOYER (Note: NOT Indestrict requires for the fire department of t	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts	



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600022	CITY	OR TOWN	BRIDGEW	ATER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: BRIDGEWATER DISCOU	JNT LIQUOR, INC			
DOING BUSINESS A				
ADDRESS 25 BROAD STREET				
CITY/TOWN: BRIDGEWATER STA	ATE: MA ZII	P CODE:	02324	
MANAGER: PROSPER, KEVIN TYPE OF L C.	ICENSE: Package St	tore CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAIL ADDI	RESS		
DESCRIPTION OF LICENSED PREMISES:				
2 SMALL ROOMS, BOILER ROOM, STORAGE FLOORS. GROUND FLOOR FOR STORAGE;	SECOND FLOOR O	FFICES. 35		the state of the s
FLOOR AND 2 ROOMS WITH ALLY ENTRAI		∃WAY		
I hereby certify and swear under penalties of perju	•		liaanaad.	
<ol> <li>the renewed license will be of the same</li> <li>the licensee has complied with all laws</li> </ol>	• • • • • • • • • • • • • • • • • • • •			
3. the premises are now open for busines		_	taxes, and	
	- ( t	,		
SIGNED BY				
Individual, Partner or Auth	orized Corporate Of	ficer		
DATE: TELEPHONE NUM	BER:	EMPLOYER	IDENTIFICATI	ION NUMBER:
		Note: NOT Indi	ividual Social Se	ecurity Number)
Please Check Below:	1.00	NAL LICENIC		ND ITEX
APPROVED:	By:	CAL LICENS	ING AUTHO	JKII I
DISAPPROVED:	By.			
(If disapproved explain)				
	·			
DATE				
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 013600023		CITY OR TOWN	BRIDGEW	ATER
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: RBSBW, INC.				
DOING BUSIN	NESS A ROCHE BROS. SU	JPERMARKETS			
ADDRESS 233	3 BROAD STREET				
CITY/TOWN:	BRIDGEWATER	STATE: MA	ZIP CODE:	02324	
MANAGER:	ROCHE, PATRICK TYPI E. JR.	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREMISI	ES:			
	ET WITH 19000 SQ FT OF AT SOUTHEAST CORNER			STOMER	
	licensee has complied with a premises are now open for b	usiness (If not expla	in below)	taxes; and	
	Individual, Partner of	or Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Indi		TION NUMBER: ecurity Number)
Please Check Belo APPROVED:	ow:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVE	ED:		By:		
(If disapproved	l explain)				
D.A.TE					
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600024		CITY OR TOWN E	BRIDGEWATER
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: G. A. RUSSO	INCORPORATED		
DOING BUSINESS A RUSSO'S FI	NE WINE & SPIRITS		
ADDRESS 455 BEDFORD ST			
CITY/TOWN: BRIDGEWATER	STATE: MA	ZIP CODE:	02324
MANAGER: RUSSO, GREG A.	TYPE OF LICENSE: Pac	ckage Store CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRI	EMISES:		
SINGLE STORY BLDG WITH STO TWO RESTROOMS. MAIN ENTR EMERGENCY EXIT			
3. the premises are now open SIGNED BY	n for business (If not expl		
individual, i u	ther of Humorized Corp.	rate officer	
DATE: TELEPI	HONE NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
Please Check Below: APPROVED:		LOCAL LICENSIN	G AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0136	00025	CITY OR TO	WN BRIDGEV	VATER
APPLICATION FOR REN	EWAL: A	nnual LIC	CENSED FOR 2	013
	Cl	LASS		YEAR
LICENSEE NAME: ASSI	NIPPI LIQUORS INC			
DOING BUSINESS A				
ADDRESS BEDFORD & V	VINTER ST.			
CITY/TOWN: BRIDGEW	YATER STATI	E: MA ZIP CODE	2: 02324	
MANAGER: Langton, Jo	seph TYPE OF LICE	ENSE: Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE A	ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDRESS		
DESCRIPTION OF LICEN	SED PREMISES:			
150 SQ FT OF COLD STO AND 70 SQ FT OF BACK		20 LINEAR FT OF WA	RM SALES DIS	PLAY
2. the licensee has 3. the premises are SIGNED BY	complied with all laws of now open for business (I			
Indiv	vidual, Partner or Authori	zed Corporate Officer		
DATE:	TELEPHONE NUMBE	P. EMPLO	OYER IDENTIFICA	TION NUMBER:
	TEELI HOIVE NOMBE		<u>Γ</u> Individual Social S	Security Number)
Please Check Below:		LOCALLIC	ENSING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		<del></del>		
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	013600026		CITY OR TOW	N BRIDGEN	VAIEK
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	_				
ADDRESS 460 PLEA	ASANT STRE	ET			
CITY/TOWN: BRID	OGEWATER	STATE: MA	ZIP CODE:	02324	
MANAGER: Patel,	Dipesh	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PR	EMISES:			
		LK IN ADDITION. NEV URN ROOM AND OFF		LOORS CONSI	ISTING
	es are now ope	I with all laws of the Coren for business (If not expendent or Authorized Coren for Europe or	plain below)	g to taxes; and	
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY
DISAPPROVED: (If disapproved explain	n)				
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600028		CITY OR TOWN B	RIDGEWATER
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: SHREE AMBE	CORPORATION		
DOING BUSINESS A SKIP'S LIQUO	ORS		
ADDRESS 98-100 PLYMOUTH STR	EET		
CITY/TOWN: BRIDGEWATER	STATE: MA	ZIP CODE:	)2324
MANAGER: PATEL, AMISH P. T	YPE OF LICENSE: Pac	kage Store CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	MISES:		
ONE ROOM WITH BACKROOM AN STORAGE,100 PLYMOUTH ST IS S STORAGE			
3. the premises are now open f  SIGNED BY  Individual Parts	for business (If not explain		
marviada, rum	ier of ridinorized corpo	aute Officer	
DATE: TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER: lual Social Security Number)
Please Check Below: APPROVED:		LOCAL LICENSIN By:	G AUTHORITY
DISAPPROVED:		Dy.	
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 013600030		CITY OR TO	WN DRIDGE	VAIEK
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	RONALD J. EMM	<b>1</b> A			
DOING BUSINESS A	A EMMA'S PUB &	k PIZZA DOWNTO	WN		
ADDRESS 128 BRO	AD STREET				
CITY/TOWN: BRIL	OGEWATER	STATE: MA	ZIP CODI	E: 02324	
MANAGER: EMM JOHN		PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	LICENSED PREMI	SES:			
16 HUNDRED SQ. F	OOT BLDG W/ E	NTRANCES ON FR	ONT & SIDE		
I hereby certify and sv	wear under penaltie	s of perjury that:			
1. the renewe	ed license will be of	the same type for th	e same premises	now licensed;	
2. the license	e has complied with	h all laws of the Com	nmonwealth relat	ing to taxes; and	
3. the premis	es are now open for	r business (If not exp	olain below)		
SIGNED BY	Individual Partne	r or Authorized Corp	oorate Officer		
	mar, radar, rarrie	r or rigurorized corp	orace officer		
DATE:	TELEDIJON	JE NIJMDED.	FMPI	OYER IDENTIFICA	TION NUMBER:
	TELEPHON	NE NUMBER:		<u><b>OT</b></u> Individual Social	
We the undersigned Acts of 2004, signed named license and (a of 2010.	by the building in	spector and the hea	ad of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE.					
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113600034		CITY OR TOWN BRIDGE	WAIEK
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	PETER E. BERNIER	٤		
DOING BUSINESS A	A.L. BERNIER'S GI	ROCERY STORE		
ADDRESS 905 PLYM	OUTH STREET			
CITY/TOWN: BRIDO	GEWATER	STATE: MA	ZIP CODE: 02324	
MANAGER: BERNI	ER, PETER ETYPE	OF LICENSE: Pack	cage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES	3:		
ONE FLOOR, TWO R	OOMS AND NO CE	LLAR. FRONT A	ND REAR ENTRANCE	
I hereby certify and sw	ear under penalties of	perjury that:		
1. the renewed	license will be of the	same type for the s	same premises now licensed;	
2. the licensee	has complied with all	laws of the Comm	onwealth relating to taxes; and	d
3. the premises	s are now open for but	siness (If not explain	in below)	
SIGNED BY				
	Individual, Partner or	Authorized Corpor	rate Officer	
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
N. C. I.D.I				
Please Check Below: APPROVED:			LOCAL LICENSING AUT	HORITY
DISAPPROVED:	]		By:	
(If disapproved explain	1)			
-				
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 01360004	,0	CITY OR TOWN BRID	DGEWATER
APPLICATION FOR RENEWA	AL: Annual	LICENSED F	FOR 2013
	CLASS		YEAR
LICENSEE NAME: CHEN & DOING BUSINESS A THE IM	•		
ADDRESS 341 BROAD ST			
CITY/TOWN: BRIDGEWATE	ER STATE: MA	ZIP CODE: 023	24
MANAGER: WANG, CHEN- CHU	TYPE OF LICENSE:R	estaurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
ONE STORY CONCRETE AND REAR. KITCHEN IS 20X30, D ENTRANCE TO PARKING LO	DINING AREA IS 40X30 FT		
3. the premises are now SIGNED BY	olied with all laws of the Con open for business (If not exp	olain below)	s; and
	,		
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENT	ΠΕΓΙΕΝΑΤΙΟΝ NUMBER:
		(Note: NOT Individual	Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the bu named license and (2) the cert of 2010.	ilding inspector and the hea	ad of the fire department f	or the above
Please Check Below:		LOCAL LICENSING A	AUTHORITY
APPROVED:  DISAPPROVED:  (If disapproved explain)		Ву:	
DATE:			



www.mass.gov/abcc

LICENSE NUMBER	:013600044		CITY OR TOWN	BRIDGEWATER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	99 RESTAURANTS	OF BOSTON LI	.C	
DOING BUSINESS	A 99 RESTAURANT-	PUBS		
ADDRESS 233 BRO	AD STREET			
CITY/TOWN: BRII	OGEWATER	STATE: MA	ZIP CODE:	02324
MANAGER: PELT PHER	TIER,CHRISTO TYPE R G.	OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISE	S:		
SEATS AT BAR, KI ROOOMS, OFFICE	FT BUILDING CONTA TCHEN, EMPLOYEE AND BATHROOMS ILDING IN ADDITOII	LOUNGE AND .TWO MAIN E	DRESSING AREA, S NTRANCES IN FROM	STORAGE
I hereby certify and s	wear under penalties of	perjury that:		
	ed license will be of the		=	
	ee has complied with al		=	taxes; and
3. the premis	ses are now open for bu	siness (If not exp	olain below)	
SIGNED BY	Individual, Partner or	Authorized Cor	oorate Officer	
DATE:	TELEPHONE I	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	by the building inspe	ctor and the he	ad of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	111)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: (	)13600045		CITY OR TOWN	BRIDGEW	ATER
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: F DOING BUSINESS A ADDRESS 1420 PLEA	EMMA'S PUB & PI				
CITY/TOWN: BRIDG		STATE: MA	ZIP CODE:	02324	
				ATEGORY:	All Alashal
MANAGER: EMMA	, KONALD J. I I FE	OF LICENSE. Re	staurant C.	ATEGORI.	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEBS	THE AND ENTED VOLID E	MAII ADDRESS		
DESCRIPTION OF LI			WIND ADDRESS		
CONSISTS OF 4,200 S ROOM,WALK-IN CO COVERED PATIO WI	SQ.FT. BRICK BLDO OLER & FREEZER;	G. 137 SEAT RES			
I hereby certify and swe	ear under penalties of	f perjury that:			
2. the licensee	license will be of the has complied with al s are now open for bu	l laws of the Com	monwealth relating t		
SIGNED BY	Individual, Partner or	· Authorized Corpe	orate Officer		
DATE:	TELEPHONE 1	NUMBER:		R IDENTIFICAT	
We the undersigned, Acts of 2004, signed benamed license and (2) of 2010.	y the building inspe	ector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 0	13600047		CITY OR	TOWN	BRIDGEW	ATER
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: B	BRIDGEWATER S	STATE COLLEC	θE			
DOING BUSINESS A	RONDILEAU CA	AMPUS CENTER	R-FORMAL D	INING R	OOM	
ADDRESS 1 PARK AV	VE					
CITY/TOWN: BRIDG	SEWATER	STATE: M	IA ZIP C	ODE:	02325	
MANAGER: BOOTH	IBY,GARY TYF	'E OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	CASE ALSO VISIT OUR WE	EBSITE AND ENTER YOU	UR EMAIL ADDRESS			_
DESCRIPTION OF LIC						
FORMAL DINING RO FUNCTION ROOM-GI		LOOR AND MA	IN BALL ROC	OM ON T	OP FLOOR	,
	1 1.	C : .1 .				
I hereby certify and swe	ear under penalties license will be of t		the same prem	icae now	licansad:	
	has complied with	• 1				
	are now open for			rotating t	o tanes, and	
SIGNED BY						
I	ndividual, Partner	or Authorized Co	orporate Office	er		
DATE:						
DATE:	TELEPHON	E NUMBER:				FION NUMBER: Security Number)
			( )		arriduur Soeiur S	recurry reamour,
We the undersigned, a		•		-		
Acts of 2004, signed b named license and (2)		_		_		
of 2010.					_	
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)	)					
			-			<del></del>
DATE:						



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: (	13600049		CITY OR TOW	N BRIDGEV	VATER
APPLICATION FOR F	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: 1	TRACY THAI-RI	Т			
DOING BUSINESS A	THE CHATTA I	BOX			
ADDRESS 755 BEDFO	ORD ST				
CITY/TOWN: BRIDO	<b>SEWATER</b>	STATE: MA	ZIP CODE:	02324	
MANAGER: THAI-F	RIT,TRACY TY	PE OF LICENSE: R	lestaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
		VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI					
1700 SF RESTAURAN KITCHEN, STORAGE					
REAR EXIT					
I hereby certify and swe	ear under penalties	s of perjury that:			
•	1	the same type for the	ne same premises no	ow licensed;	
2. the licensee	has complied with	n all laws of the Cor	nmonwealth relating	g to taxes; and	
3. the premises	are now open for	business (If not exp	plain below)		
SIGNED BY	Individual Partne	r or Authorized Cor	norate Officer		
•	individual, i artifei	of Audionzed Cor	portite Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOY	ER IDENTIFICA	TION NUMBER:
	TEEETHOL	VE I VOIVIBEIX.	(Note: NOT	Individual Social	Security Number)
We the undersigned,	attact that we am	o in neggession (1) t	ha aantifiaata naay	inad by Chan	ton 204 of the
Acts of 2004, signed b	y the building in	spector and the he	ad of the fire depa	rtment for the	e above
named license and (2) of 2010.	the certificate of	f liquor liability in	surance required b	y Chapter 11	6 of the Acts
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:	NSING ACTI	ORTT
DISAPPROVED:			Ž		
(If disapproved explain	)		-		
			-		
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:  CLASS  CLASS  YEAR  LICENSEE NAME: LABAKI, INC  DOING BUSINESS A 106 MINI MART  ADDRESS 02107A PLYMOUTH ST  CITY/TOWN: BRIDGEWATER  STATE: MA  ZIP CODE: 02324  MANAGER: LABAKI, A. TYPE OF LICENSE: Package Store  CATEGORY: All Alcohol MICHEL  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  1550 SQ FT WITH DISPLAY ROOM, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR FOR DELIVERIES AND USE AS AN EMERGENCY EXIT  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  Please Check Below:  APPROVED:  DISAPPROVED:  UISAPPROVED:	LICENSE NUME	3EK: 013600051		CITY OR TOW	N DRIDGEW	AIEK
LICENSEE NAME: LABAKI, INC DOING BUSINESS A 106 MINI MART  ADDRESS 02107A PLYMOUTH ST  CITY/TOWN: BRIDGEWATER STATE: MA ZIP CODE: 02324  MANAGER: LABAKI, A. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol MICHEL  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  1550 SQ FT WITH DISPLAY ROOM, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR FOR DELIVERIES AND USE AS AN EMERGENCY EXIT  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Please Check Below: APPROVED:	APPLICATION I	FOR RENEWAL:	Annual	LICE	ENSED FOR 20	13
DOING BUSINESS A 106 MINI MART  ADDRESS 02107A PLYMOUTH ST  CITY/TOWN: BRIDGEWATER STATE: MA ZIP CODE: 02324  MANAGER: LABAKI, A. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol MICHEL  EMAIL ADDRESS:    PLEASE ALSO VISIT OUR WERSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  1550 SQ FT WITH DISPLAY ROOM, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR FOR DELIVERIES AND USE AS AN EMERGENCY EXIT  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer    DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Please Check Below:  APPROVED:   DISAPPROVED:   By:  DISAPPROVED:   USAPPROVED:   USAPPROVE			CLASS			YEAR
ADDRESS 02107A PLYMOUTH ST  CITY/TOWN: BRIDGEWATER STATE: MA ZIP CODE: 02324  MANAGER: LABAKI, A. TYPE OF LICENSE:Package Store CATEGORY: All Alcohol MICHEL  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  1550 SQ FT WITH DISPLAY ROOM,, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR FOR DELIVERIES AND USE AS AN EMERGENCY EXIT  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Please Check Below; APPROVED: DISAPPROVED: DISAPPROVED: []  (If disapproved explain)	LICENSEE NAM	IE: LABAKI, INC				
CITY/TOWN: BRIDGEWATER STATE: MA ZIP CODE: 02324  MANAGER: LABAKI, A. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol MICHEL  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSTIE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES: 1550 SQ FT WITH DISPLAY ROOM, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR FOR DELIVERIES AND USE AS AN EMERGENCY EXIT  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Please Check Below: APPROVED:	DOING BUSINE	SS A 106 MINI MA	ART			
MANAGER: LABAKI, A. MICHEL  EMAIL ADDRESS:    PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  1550 SQ FT WITH DISPLAY ROOM, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR FOR DELIVERIES AND USE AS AN EMERGENCY EXIT    I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer    DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Please Check Below: APPROVED:   DISAPPROVED:   DISAPPROVED:   GIf disapproved explain)	ADDRESS 02107	7A PLYMOUTH ST				
MICHEL  EMAIL ADDRESS:  PILASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  1550 SQ FT WITH DISPLAY ROOM, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR FOR DELIVERIES AND USE AS AN EMERGENCY EXIT	CITY/TOWN: B	BRIDGEWATER	STATE: MA	ZIP CODE:	02324	
DESCRIPTION OF LICENSED PREMISES:  1550 SQ FT WITH DISPLAY ROOM,, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR FOR DELIVERIES AND USE AS AN EMERGENCY EXIT			ΓΥΡΕ OF LICENSE: Pα	ackage Store	CATEGORY:	All Alcohol
DESCRIPTION OF LICENSED PREMISES:  1550 SQ FT WITH DISPLAY ROOM, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR FOR DELIVERIES AND USE AS AN EMERGENCY EXIT  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Please Check Below: APPROVED:	EMAIL ADDRES	SS:				
1550 SQ FT WITH DISPLAY ROOM,, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR FOR DELIVERIES AND USE AS AN EMERGENCY EXIT  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Please Check Below: APPROVED:  DISAPPROVED:  UIGH disapproved explain)		PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  Please Check Below:  APPROVED:  DISAPPROVED:  UIGH disapproved explain)						
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Please Check Below:  APPROVED:  DISAPPROVED:  UIG disapproved explain)					ICE AND BAC	K DOOR
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)  LOCAL LICENSING AUTHORITY  By:  LOCAL LICENSING AUTHORITY  By:						
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)  LOCAL LICENSING AUTHORITY  By:  LOCAL LICENSING AUTHORITY  By:						
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)  LOCAL LICENSING AUTHORITY  By:  LOCAL LICENSING AUTHORITY  By:						
APPROVED: By: DISAPPROVED: Ulif disapproved explain)	DATE:	TELEPH	ONE NUMBER:			
DISAPPROVED:					NSING AUTHO	ORITY
		 :		ву:		
DATE:	(If disapproved ex	xplain)				
DATE:						
	DATE:					



www.mass.gov/abcc

LICENSE NUI	MBER: 013600053		CI	TY OR TO	WN	BRIDGEW	ATER
APPLICATIO	N FOR RENEWAL:	Annua	al	LIC	CEN	SED FOR 20	013
		CLAS	SS				YEAR
LICENSEE NA	AME: BRIDGEWATER	BUILDING A	SSOCIAT	ES, INC			
DOING BUSI	NESS A BRIDGEWATER	R NIGHTS OF	COLUMI	BUS, #488			
ADDRESS 583	2 BEDFORD STREET						
CITY/TOWN:	BRIDGEWATER	STATE:	MA	ZIP CODI	Ε:	02324	
MANAGER:	ZONFRELLI, TYI ANTHONY D	PE OF LICENS	SE:Club		C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS			_
	N OF LICENSED PREMIS						
AREA AND L WILL BE AT	NE STORY BUILDING P OUNGE, BAR FACILITII THE FRONT OF THE BU ACK OF BUILDING.	ES AND FULL	L KITCHE	N. MAIN E	ENTF	RANCE AND	EXIT
I hereby certify	and swear under penalties	of perjury that	t:				
	renewed license will be of			_			
	licensee has complied with				ing to	o taxes; and	
3. the	premises are now open for	business (If no	ot explain l	below)			
SIGNED BY	Individual, Partner	or Authorized	Corporate	e Officer			
DATE:	TELEPHON	E NUMBER:					TON NUMBER: ecurity Number)
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	spector and th	e head of	the fire de	partı	nent for the	above
Please Check Belo	ow:		I	OCAL LIC	ENS	ING AUTHO	ORITY
APPROVED:			F	Ву:			
DISAPPROVE (If disapproved							
(11 disappiovec	i expiaiii)		_				
			-				
DATE:			-				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0136000	55	CITY OR TOWN	BRIDGEW	ATER
APPLICATION FOR RENEW	AL: Annual	LICEN	ISED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: ANGELO	O D'EMILIA			
DOING BUSINESS A CENTE	RAL SQUARE RESTAURAN	T		
ADDRESS 35 CENTRAL SQU	JARE			
CITY/TOWN: BRIDGEWAT	TER STATE: MA	ZIP CODE:	02324	
MANAGER:	TYPE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSEI		04 GT + T P P P P Y G +	DE L DIGIT	
3000 SQ FT MASONARY BU BAR, KITCHEN, AND BASE				JDING
ENTRANCE IN FRONT WITI				
I hereby certify and swear unde	r penalties of perjury that			
•	will be of the same type for th	ne same premises now	licensed;	
	uplied with all laws of the Con	•		
3. the premises are nov	w open for business (If not exp	olain below)		
SIGNED BY	al Danton on Anthoninal Com	oneta Officer		
marviau	al, Partner or Authorized Corp	porate Officer		
DATE:	ELEPHONE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
11	ZEI HONE NUMBER.		dividual Social S	
				204 8.7
We the undersigned, attest the Acts of 2004, signed by the bu				
named license and (2) the cer	<b>2</b>	_		
of 2010.				
Please Check Below: APPROVED:		LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
•				
DATE:				



www.mass.gov/abcc

LICENSE NUMBER	1:013600056		CITY OR	TOWN	BRIDGEW	ATER
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	ANDY & BET	TY CORPORATION				
DOING BUSINESS	A MEE KING G	SARDEN				
ADDRESS 33 MAIN	√ STRRET					
CITY/TOWN: BRI	DGEWATER	STATE: MA	A ZIP C	ODE:	02324	
MANAGER: TSAI	NG, KEVIN	TYPE OF LICENSE:]	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
:	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF I						
		TAINING A LOUNGE INCE/EXIT IN FRON				Y EXIT
I hereby certify and s	wear under penal	ties of perjury that:				
1. the renew	ed license will be	of the same type for t	the same prem	ises now	licensed;	
2. the license	ee has complied v	with all laws of the Co	mmonwealth r	elating t	o taxes; and	
3. the premis	ses are now open	for business (If not ex	xplain below)			
SIGNED BY						
	Individual, Part	tner or Authorized Co	rporate Office	r		
DATE:			E	ADL OVE	) IDENTIFICAT	FION NUMBER.
DATE.	TELEPH	ONE NUMBER:				ΓΙΟΝ NUMBER: Security Number)
						,
		are in possession (1) g inspector and the he				
		e of liquor liability in				
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	IIII <i>)</i>					
DATE:						
APPLICATION FOR RENEW	VAL MUST BE FILED I	BY LICENSEES DURING THI	E MONTH OF NOV	EMBER (N	I.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	013600057		CITY OR TO	WN BRIDGEW	VATER
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1440 PLE	WINE, BEER &	MORE			
CITY/TOWN: BRID		STATE: MA	A ZIP CODE	E: 02324	
		PE OF LICENSE:1		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF L					
1250 SQ FT, CONCRI AND COOLER WITH				IL SPACE, STOI	RAGE
2. the licensee	has complied with	f the same type for the hall laws of the Corr business (If not ex	mmonwealth relati		
	Individual, Partne	r or Authorized Co	rporate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600058	CITY OR TOWN BRIDGEWATER
APPLICATION FOR RENEWAL:	nnual LICENSED FOR 2013
Cl	LASS YEAR
LICENSEE NAME: MPG BRIDGEWATER LLC	
DOING BUSINESS A 7-ELEVEN	
ADDRESS 155 BROAD STREET	
CITY/TOWN: BRIDGEWATER STATE	E: MA ZIP CODE: 02324
MANAGER: GARRETT, PETER TYPE OF LIC J.	ENSE:Package Store CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
2700 SF CONVENIENCE STORE WITH ONE MA EMERGENCY EXIT	IN ENTRANCE IN FRONT AND ONE SIDE
2. the licensee has complied with all laws of     3. the premises are now open for business (I  SIGNED BY	
Individual, Partner or Authori	zed Corporate Officer
DATE: TELEPHONE NUMBE	ER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600060		CITY OR TOWN	BRIDGEW	ATER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: CASTAWAY'S AT	OLDE SCOTLANI	D LINKS INC.		
DOING BUSINESS A				
ADDRESS 695 PINE STREET-OLD SCO	TLAND			
CITY/TOWN: BRIDGEWATER	STATE: MA	ZIP CODE:	02324	
MANAGER: O'Leary, Timothy P. TYP	E OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISS 3,500 SQ.FT. PAVILION AND 24' X 24' S I hereby certify and swear under penalties of the renewed license will be of the the licensee has complied with a the premises are now open for be	ES:  SNACK SHACK W  of perjury that:  the same type for the  all laws of the Comr	Same premises now nonwealth relating to	licensed;	TIO.
SIGNED BY Individual, Partner of	or Authorized Corpo	orate Officer		
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: NOT Indi		ION NUMBER: ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insplanmed license and (2) the certificate of 1 of 2010.	pector and the head	d of the fire departn	nent for the	above
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01360	0061	CITY OR TOWN	BRIDGEWATER
APPLICATION FOR RENE	WAL: Annual	LICENS	SED FOR 2013
	CLASS	3	YEAR
LICENSEE NAME: SAEN	GSOPHON CORPORATIO	N	
DOING BUSINESS A SUG	AR CANE		
ADDRESS 180 WINTER ST	TREET UNIT A		
CITY/TOWN: BRIDGEWA	ATER STATE: 1	MA ZIP CODE:	02324
MANAGER: WUNNARA' REMGKASE		E:Restaurant CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
CONSISTS OF A 1,180 SQ. WITH FROMT ENTRANCE			
I hereby certify and swear un	der penalties of perjury that:		
	se will be of the same type for	•	
	omplied with all laws of the C	•	taxes; and
3. the premises are n	now open for business (If not	explain below)	
CICNED DV			
SIGNED BY Indivi	dual, Partner or Authorized (	Corporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Indi	ividual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the cof 2010.	building inspector and the	head of the fire departn	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappiovod expiaiii)			
DATE:			



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600062		CITY OR TOWN	BRIDGEW	ATER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: SANJ CORPORAT	ION			
DOING BUSINESS A PRISCO'S MARK	ET			
ADDRESS 8 ROMNEY ROAD				
CITY/TOWN: BRIDGEWATER	STATE: MA	ZIP CODE:	02324	
MANAGER: PRISCO, STEPHEN TYP W.	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		L
DESCRIPTION OF LICENSED PREMIS	ES:			
THERE ARE TWO ENTRANCES/EXITS OF THE BUILDING	S TO THE PREMISE	ES BOTH LOCATE	D AT THE I	FRONT
2. the licensee has complied with 3. the premises are now open for significant		_	taxes; and	
Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	3600063		CITY OR TOWN	BRIDGEW	ATER
APPLICATION FOR RI	ENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: N	EW ENGLAND F	FARMS INC.			
DOING BUSINESS A					
ADDRESS 1385 PLEAS	SANT STREET				
CITY/TOWN: BRIDG	EWATER	STATE: MA	ZIP CODE:	02324	
MANAGER: PRATT,	THOMAS TYP	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC					
2990 SF SINGLE STOR ENTRANCE/EXIT ANI			AS STATION WITH	HONE MAIN	N
2. the licensee h 3. the premises	as complied with		same premises now monwealth relating to ain below)		
SIGNED BY Ir	ndividual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01360	0065	CITY OR TOWN	BRIDGEWATER
APPLICATION FOR RENE	WAL: Annu	al LICENS	SED FOR 2013
	CLAS	SS	YEAR
LICENSEE NAME: CUMI	BERLAND FARMS OF MA	ASSACHUSETTS	
DOING BUSINESS A CUM	IBERLAND FARMS #231	8	
ADDRESS 1001 PLEASAN	T STREET		
CITY/TOWN: BRIDGEWA	ATER STATE:	MA ZIP CODE:	02324
MANAGER: PEREZ, ANA	A J. TYPE OF LICENS	SE: Package Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE AI	SO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENS			
4158 SQ FTCHECKOUT OF FOOD SERVICE COUNTER			
	omplied with all laws of the now open for business (If no	_	o taxes; and
	dual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHORITY
DATE:			